Caremaid Services Limited

Caremaid Services Ltd

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Abbey House (Caremaid Services Ltd) provides a range of services to people in their own home including personal care. Most people using the service were older people, some of whom were living with dementia. At the time of our inspection 103 people were receiving personal care in their home. Most people were funded by their local authority. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be in.

Not everyone using Abbey House (Caremaid Services Ltd) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive a safe service from Abbey House (Caremaid Services Ltd). We had feedback from people that use the service and service commissioners about concerns with the timeliness and consistency of staff. The provider sent us information after the inspection about how they had addressed these concerns. Time was now needed for the provider to evidence the changes made had been so that people had their support at the agreed times, and with consistent staff wherever possible.

Hazards to people's and staff's health and safety had been assessed. Information on how to manage and minimise the risk of harm were in place and understood by staff. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. The provider was looking at ways to improve staff's punctuality, as this was the main complaint people had about the service.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. Staff understood the need to protect people fomr the spread of infections.

Prior to people joining the service a detailed assessment of their needs was completed. Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). Staff understood that they had to gain people's consent before they provided care, and that they could not make decisions for people.

Where required staff supported people to have enough to eat and drink. This varied from buying and preparing meals for people who needed help eating to checking that people had eaten something for those who were more independent.

People were supported to maintain good health. Staff responded quickly if people's health deteriorated. They made sure they contacted the appropriate professionals to ensure people received effective treatment. Emergency plans were in place to deal with situations that may stop the service running, such as adverse weather. These had proved effective earlier in the year during a period of bad weather.

People told us that the staff were kind and caring and treated them with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. They gave a good level of detail for staff to reference so they knew what support was required. People were supported by staff to maintain as much independence as possible.

People knew how to make a complaint, and told us they would feel comfortable doing this. Staff knew how to respond to a complaint and welcomed them as an opportunity to improve the service.

The provider had effective systems in place to monitor the quality of care and support that people received. The provider had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. The registered manager regularly visited people in their homes, or the office telephoned them to give people an opportunity to talk, and to ensure a good standard of care was being provided.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

We have made one recommendation in the report for the provider to continue to monitor and address feedback about late calls.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe, however time was needed to enable the provider to demonstrate the feedback about late or missed calls had been addressed.

People consistently commented on staff lateness. the provider had sent us information after the inspection to demonstrate the reasons for this, and action taken to address the issues.

People felt safe with the staff.

Staff understood their responsibilities around protecting people from harm. Accidents and incidents were reviewed to see if anything could be learnt from them and stop them happening again.

Appropriate checks were completed to ensure staff were safe to work at the service.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk. Staff understood how to minimise the spread of infection.

Medicines were managed safely to ensure people received the right medicines at the right time where necessary.

Procedures were in place to guide staff in safe practice around minimising the spread of infection.

Is the service effective?

Good

The service was effective

People's needs had been assessed to ensure the service was able to meet these needs.

Staff had access to training to enable them to support the people who used the service.

People were supported to have enough to eat and drink where this was required.

People received support when they were unwell.

People's rights under the Mental Capacity Act 2005 were met.

Is the service caring?

Good

The service was caring.

People gave overall positive feedback about the caring nature of staff, although concerns over timekeeping was consistently mentioned by people we spoke with.

Showed respected people and protected their dignity.

Staff knew the people they cared for as individuals. People had good relationships with the staff that supported them.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and gave detail about people's support needs. People were involved in their care plans, and their reviews.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

People would be supported at the end of their lives to ensure their preferences and faiths were followed.

Is the service well-led?

Good

The service was not always well-led.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits. Concerns with late calls had been addressed by the provider, and time was needed to ensure these changes had fully addressed the concerns.

Staff felt supported and able to discuss any issues with the provider.

The office team regularly spoke with people to make sure they were happy.

The manager understood their responsibilities with regards to the health and social care act regulations , such as when to send

in notifications.

Caremaid Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took 16 October 2018. The inspection was completed by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be in. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the service.

Before the inspection we contacted 31 people who used the service and 14 people, or their relatives agreed to talk with us . We spoke with five staff, which included the registered manager and the provider of the service). We also reviewed care and other records within the service. These included six care plans and associated records, six medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the provider.

We also contacted three social care professionals to see if they had any information to share about the service.

Requires Improvement

Is the service safe?

Our findings

People received safe care and support from Abbey House (Caremaid Services Surrey), however some improvements were required. There had been issues raised by people and the service commissioners about missed or late calls. During the months of September and October there had been three service quality concerns raised by the local authority regarding missed calls. A relative said, "Their timekeeping is not that great and I have raised this with the manager quite a few times. Sometimes they are either too late or too early." The registered manager explained that the majority of concerns about lateness had been from a geographical area. Major road works were in place, which had caused many traffic delays and road diversions. Once the road works were completed she felt the care staff would once again be able to be more consistent in the time they arrived at people's homes. This was echoed by one person who said, "They used to be quite haphazard, but they've improved."

Another area that people felt the service could improve was with the consistency of the care staff that came to support them. We had a mixed response from people about whether the service made them feel safe. One person said, "I want to know before someone new comes, I am frightened as I live by myself – so I need to know the day before." A relative said, "New workers will show up, which leaves my family member unhappy as they find it extremely difficult to communicate. Due to unfamiliarity it is often easy to feel unsafe." More positive comments included, "My family member does feel very safe and there are no problems with that."

The registered manager provided detailed information after the inspection to demonstrate they had reviewed and analysed reasons for late calls. This also explained why staff may have changed with little or no notice. Situations such as staff staying longer with people due to emergencies were one of the causes of lateness. Another reason was short notice requests by people to have call times changed so they could attend appointments. This impacted on the people that received support after them. The provider needed time to ensure the changes they had made to address these issues were fully embedded in the service to demonstrate improvements.

We recommend that the provider continues to monitor and take action to address peoples feedback about late calls.

People were protected from the risk of abuse because staff understood their responsibilities in relation to safeguarding people. Staff were able to describe the types and signs of abuse. They understood that all suspicions of abuse must be reported to the registered manager. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police, had to be made if the need arose. Where staff accessed people's homes by use of key safes, the codes were kept securely to ensure only authorised staff had access to them.

Hazards to people and staff's health and safety were identified and risks assessed to reduce the risk of people being hurt. These included assessing for slips and trips, electrical and gas safety, infection control, food hygiene and moving and handling. Measures had been put in place to reduce these risks, such as

specialist equipment to help people move around their home, specific training for staff, or referrals to specialists such as district nurses.

The risk to staff from lone working had been assessed to reduce the risk of harm. The registered manager had assessed property surroundings where people lived, if a person lived alone, any gender associated risks, and risks that may be posed from other occupants of the house the person lived in.

Staffing levels were calculated to ensure people received care and support when they wanted it. This was completed during the assessment by the registered manager, who reviewed with the person and their family how many staff were required for each support need. People told us that staff had enough time to care for people without having to rush. The provider understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that applicants were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. Staff who administered medicines to people, or prompted them, received appropriate training, which was regularly updated. The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored by people in their homes, so there was no risk of medicines being lost or damaged transporting them from the office to the person's home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place. The plans had been successfully implemented by staff when bad weather hit earlier in the year. A family member had congratulated the staff. They wrote, "I just want to say thank you to your staff for struggling through the snow and traffic to reach us over the last spell of bad weather, it was much appreciated."

Good

Is the service effective?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. Assessments had been completed with the individual and their families, and were appropriate. They considered all areas of the person's life, such as particular support people may want, in addition to meeting care and support needs. The provider took care to ensure they could meet people's needs, before they agreed the support package. The provider had the systems and staff training in place to meet regulatory requirements. For example, if specialist medicines were needed, or if people's needs under the Equalities Act 2010 needed to be supported.

People were supported by trained staff who had sufficient knowledge and skills to enable them to care for people. One relative said, "They know what they're doing, they know their stuff." Staff training included moving and handling, first aid, dignity and respect, food hygiene, infection control and medicine administration. One requirement for staff was that they had to complete the Care Certificate as part of their ongoing training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The provider had ensured that all their care workers had been given access to best practice guidance with regards to the care and support of people.

The induction process for new staff was robust to ensure they would have the skills to support people effectively. Areas of training included, confidentiality, professional boundaries, discrimination, person-centred care and duty of care. This gave a new staff member an overall understanding of the standards of care they needed to provide to people. The induction process also included shadowing experienced staff. This lasted for up to six weeks. Shadowing gave new staff the opportunity to find out about the people that they cared for and learn safe working practices from more experienced peers.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one-to-one meetings (sometimes called supervisions) with the provider or team leader. These meetings enabled staff and management to discuss any training needs and get feedback about how well they were doing their job and supporting people. These supervisions also included observing the staff when they provided care and support. This gave the registered manager the opportunity to review staff practice, and give praise, or additional support if needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed.

Staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. Staff understood that they could not make a decision for people if they felt they did not have capacity to understand. They would have to contact the registered manager.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's specific dietary needs were recorded on their care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Additionally, specific requirements, for example to meet the requirements of people's faiths, were also documented and met.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people by asking them what they had eaten and had to drink. They discussed with the person if they needed to eat or drink anymore before they left.

The Abbey House (Caremaid) team worked effectively with other agencies to ensure they could deliver care and support to meet people's needs. This included working with commissioners of the service if people's needs changed, or working alongside other care providers to meet people's needs.

People received support to keep them healthy. Where people's health had changed, appropriate referrals were made to specialists to help them get better. One person said, "They have looked after my skin well so there are no bedsores." Staff were able to support people to contact the GP if they felt unwell, or call the emergency services if they found a person in distress.

Good

Is the service caring?

Our findings

We had predominately positive feedback about the caring nature of the staff. One person said, "The girls are polite and nice." A relative said, "They care, they have a laugh and give her a cuddle." Feedback about staff said they were friendly and caring, but time constraints were a factor for some, as we have highlighted in the 'safe' section of this report. One person said, "Yes they're respectful but they come and go very quickly." While another person was very positive and said, "Oh yes! They are very caring."

People's privacy and dignity was respected. People told us that staff always respected their homes. One person said, "The job is done perfectly well, privacy is given – my bedroom door is shut and the curtains are drawn." Staff understood how to protect people's privacy and dignity, examples given by staff included the practice of covering up parts of a person when washing to protect their dignity, and involving the person to do as much as they could for themselves.

Staff were aware of protecting people's confidentiality and data protection. This had been covered in their induction training and they gave us examples of how they did this. For example, "Not talking about people in front of other people."

People were supported to maintain independence and control over their lives. One person said, "I try to do more myself, they help me retain my independence."

Staff knew the people they cared for well . They could tell us about people's backgrounds and their life stories as well as their medical or support needs, without having to refer to the care records. One relative said, "Mum is a stubborn old girl, but seems well looked after and cared for."

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. People were supported to be involved in their care as much as possible. One relative said, "We have a good relationship, if we run out of stuff, they'll 'prod' us." People had been consulted about how they liked their care undertaken and what mattered to them.

Wherever possible people's choice on the gender of the staff who supported them was respected. People's faiths, cultural backgrounds and sexual orientation were understood and respected by staff. A family member wrote to the provider stating, "Please thank [staff member name] on behalf of [person's name] and us all for the wonderful care she has provided in the last two months. We are very grateful for her kindness and love towards [person's name]."

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. Information recorded was based on what people wanted from their care and support. Care plans were written with the person by the provider. The registered manager told us, "We collect all the information in the care plan regarding service user but we transfer what we are commissioned to provide in the support plan for care workers to fellow. If, however the service user shows interest in social activity we then go back to social services to let them know what the service user would like. This is because of limited time we are given."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. Care plans were comprehensive and were person-centred. This was reflected in feedback received by the provider from a commissioner of the service. They wrote, "Mrs [person's name] and her son are very happy with [staff name] and were extremely complimentary of all that she has been doing. She has focused on care that is very person-centred and has engaged with Mrs [person's name] and her son in a very positive way." Detailed guidance for staff was included in the files. This included information on how to help individuals mobilise, with details such as where staff should position themselves and which equipment to use clearly listed. Encouraging people to be independent and involved in each part of their support was listed as a priority in the care plans we looked at. Care plans had been signed by the person where they were able, to show they had agreed with what had been written.

People received support that matched with the preferences record in their care file. Examples included staff talking to a person about a subject to enable them to enter that person's home, or pairing staff with people based on their religious or cultural preferences. The daily records of care detailed that these preferences had been taken into account when people received care, for example, in their choices of food and drink.

Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs, or to cover family emergencies. For example, a family member had thanked the care staff via email. They had written, "Please thank your carer who attended [person's name] at very short notice last Sunday."

People were supported by staff who would listen to and respond to complaints or comments. A relative said, "The care is very good, and if it wasn't then I would be confident to raise issues." There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been 39 complaints since January 2018, up to the time of our inspection. The provider had a monthly review of complaints and looked for trends. The latest trend was around lateness, primarily caused by major road works across a large geographical area of the service provision. Delays were also caused by care staff responding to people in need, such as waiting for ambulances, or medical help to arrive. A family member echoed this when they said, "The main thing that does impact us is the timekeeping; but they have

had to give extra support for mum in the past and we've seen the impact of the time that took, and understood that someone down the line would be affected."

The provider and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. Some complaints had been actioned to address the issues that had been raised, however concerns over late calls were ongoing and had not yet been fully addressed by the registered manager and provider. Several compliments about the care provided had also been received.

People would be supported at the end of their life. End of life plans were in place. These recorded specific information such as what staff should do if they find someone unresponsive , and took into consideration people's preferences and faiths.

Good

Is the service well-led?

Our findings

There was positive feedback about the leadership and management of Abbey House (Caremaid). One person said, "[Registered manager's name] is brilliant, she keeps in touch to ask how things are going and to ask if there is anything they can do extra." One relative said, "[Registered manager's name] is helpful and approachable."

The management and staff looked to continually improve the standard of care and support given to people. People had told us there had been issues with staff punctuality. The registered manager assured us that these had been addressed. Time was now needed for the provider to embed these changes and demonstrate they had been effective at addressing the feedback about late calls.

The registered manager carried out visits to people which included talking with them and relatives, and completing spot checks on staff performance. The registered manager and the provider were 'hands on', and stepped in to help support people and staff if required. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the service's standards.

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Regular telephone surveys were carried out by the office staff. In August 2018 seven were completed with all the people contacted rating the service as either 'good' or 'very good', with the exception of time keeping. Audits were completed on all aspects of the service. These covered areas such as reviewing complaints, and medicines management. Information from the audits was analysed to see if there were patterns that may indicate a failure emerging within the service .

People and relatives were supported by an organisation with a clear management vision and structure. The company vision was 'To provide quality care that is personalised and support to enable people to remain in their own homes.' Staff stressed the importance of supporting people to retain their independence when we spoke with them. Care records also detailed how staff should enable people to do as much for themselves as they were able.

The provider's nominated individual worked alongside the registered manager to ensure a good level of management oversight. A monthly report was produced to analyse the effectiveness of the service. This covered areas such as safeguarding reports, missed visits, complaints, and concerns that had been raised during the previous month. The registered manager and provider then checked to see if any changes needed to be made to the service provision to address any issues.

Staff felt supported by the provider, and enjoyed their jobs. Staff told us the registered manager had an open-door policy and they could approach the registered manager or provider at any time. Staff felt able to raise any concerns with the registered manager, and that these concerns would be taken seriously and put right.

People and relatives were included in how the service was managed. In addition to the telephone interviews

the provider sent out questionnaires to people who used the service and their families. These covered all aspects of the care provided, and people were able to rate how they felt. The strongest positive results from these questionnaires were for people feeling involved in their care assessment and care plans, friendliness of staff, management of medicines, and support with food. The strongest negative response was around people feeling confident in contacting the service at any time day or night. However, the question about quality of response when they telephoned the organisation to speak to them had a strong positive response. Where an area for improvement had been identified the registered manager had a clear plan in place for taking action to address the issue. For example, time keeping of staff had been raised by some people who used the service. This had then been discussed with staff at a staff meeting and the process for them to follow if they were going to be late was discussed.

Staff were involved in how the service was run and improving it. Team meetings took place, and staff were able to talk to each other and the registered manager whenever they needed to via use of the company mobile telephones. Team meetings covered areas that needed to improve, and best practice discussions. Minutes of the meetings showed that areas such as medication management, complaints and incidents had all been discussed to give staff the knowledge and skills to address the issues. One of the key areas was around lateness and the registered manager stressed the importance of staff contacting the office.

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard. The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken if significant events occurred.